


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000117489</b>	
1. Entity Name TIMOTHY A. BURLEIGH, P.A.	
	
Principal Place of Business 2905 CORINTHIAN AVE STE JACKSONVILLE, FL 32210	Mailing Address 2905 CORINTHIAN AVE STE JACKSONVILLE, FL 32210
<b>DO NOT WRITE IN THIS SPACE</b>	



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3688506

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

5. Name and Address of Current Registered Agent  BURLEIGH, TIMOTHY A 2905 CORINTHIAN AVE STE 6 JACKSONVILLE, FL 32210		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		1000000421196 02/16/06-80027-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD TIMOTHY, BURLEIGH A 2905 CORINTHIAN AVE STE 6 JACKSONVILLE, FL 32210
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy A. Burleigh 1 Feb 2006 904 384-3048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #